

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01901

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County Talbot CountyCity or town Easton Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 hrs.Hospital, institution, or street address where death occurred: Memorial Hospital.How long in hospital or institution? 13 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town Oxford  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Bailey

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

B.

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Feb. 12 1946

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Easton, Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles Bailey13. Birthplace Oxford Md.14. Maiden name Wyllia Young15. Birthplace Talbot Co.16. Informant Memorial HospitalAddress Easton Md.17. Burial Date thereof 2/20/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory OxfordLocation Oxford18. Funeral director Charles BaileyAddress Oxford, Md.19. 2/19 19 46 N.H. Heiser  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 19 46 at 3:10 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18 19 46 to Feb. 19 19 46and that I last saw him alive on Feb. 19 19 46Immediate cause of death Myocardial

DURATION

Due to Concurrent of Sepsis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Walter Baker M.D.  
M. D. or otherAddress \_\_\_\_\_ Date signed 2-20-46

RECEIVED

MAR 8 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 148-2

## CERTIFICATE OF DEATH

01902 90  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County BaltimoreCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Baynard, Elizabeth

## 3. (b) Social Security Number

## 4. Sex

F

## 5. Color or race

B

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Jan 16 - 1923

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

23

Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

If less than one day

hrs. \_\_\_\_\_

min. \_\_\_\_\_

## 9. Birthplace

Denton  
(Town, county, and state)

## 10. Usual occupation

housewife

## 11. Industry or business

FATHER

## 12. Name

Walter Hues

## 13. Birthplace

Boston

MOTHER

## 14. Maiden name

Nettie Baynard

## 15. Birthplace

Maryland

## 16. Informant

Nettie Baynard

## Address

Boston Rd

## 17.

(Burial, cremation, or removal, which?)

Date thereof

2-17-46  
(month) (day) (year)

## Cemetery or crematory

St. Paul Church

## Location

May Williston

## 18. Funeral director

J. Virgil Morris & Son

## Address

Denton, Md.

## 19.

2/14  
(Date rec'd by registrar)19 46N.H. Neuter

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 19 46 at 1 25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 9 19 46 to Feb 14 19 46  
and that I last saw her alive on Feb 14 19 46

## Immediate cause of death

Eclampsia inter

Due to

post partum

Due to

Other conditions

low protein edema

(Include pregnancy within 3 months of death)

## DURATION

5 days

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

Louis J. Harty MD

M. D. or other

Address

Easton MdDate signed 2-14-46

RECEIVED

FEB 22 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County JacobCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

South and Hanson Sts.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County JacobCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. Cor. South and Hanson Sts.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

MARY DEAN COLLINS

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Wm. N. Collins

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.) Feb. 19, 1868

8. AGE:

Years

Months

Days

If less than one day

771126

hrs.

min.

9. Birthplace

Delaware  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At home

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 18, 1946

(month) (day) (year)

Cemetary or crematory

Location

18. Funeral director

Address

19. 2/1919 46

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 19 46 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 19 19 46 to Feb. 15 19 46and that I last saw her alive on Feb. 12 19 46Immediate cause of death Valvular Heart Disease (degenerating)DURATION 5 yrs.Due to Arterio Sclerosis 10 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address William S. Surveant Easton, Md. Date signed 2/16/46

RECEIVED

FEB 22 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

## CERTIFICATE OF DEATH

01904

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

46

N. D. Neirin

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

19.

46

at

7

30

M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov. 1

19.

46

to

Feb. 11

19.

46

and that I last saw him alive on

Feb. 11

19.

46

Immediate cause of death

Chronic Myocarditis

DURATION

4 yrs

Due to

Due to

Other conditions

Chronic Interstitial Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hayward T. Pratt, M.D.

M. D. or other

Address

Date signed

2/11/46

RECEIVED

FEB 18 1945

BUREAU V. G.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

## CERTIFICATE OF DEATH

Reg. Dist. No. 296

## 1. PLACE OF DEATH:

County EasternCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 yrs.Hospital, institution, or street address where death occurred:  
127 West St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County ValbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. 127 West St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

GUY GLENN GRIFFEN

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Elvis Tucker Griffen

## 7. Birth date of

deceased (mo., day, yr.)

Sept. 13, 1887

6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

58510

hrs.

min.

## 8. Birthplace

Valbot Co. Md.

(Town, county, and state)

## 10. Usual occupation

Agent

## 11. Industry or business

Life Insurance

## 12. Name

William B. Griffen

## 13. Birthplace

Michigan

## 14. Maiden name

Carrie Chapman

## 15. Birthplace

Michigan

## 16. Informant

Guy J. Griffen Jr.

## Address

Baltimore Md.

## 17.

Burial

Date thereof

Feb. 25, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Spring Hill

## Location

Easton Md.

## 18. Funeral director

J. Ellis Clark Leuba.

## Address

Easton Md.

## 19.

2/24

19

46N.H. Neerius

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 19 46 at 4:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1 19 46 to Feb 23 19 46.and that I last saw him alive on Feb 22 19 46.

Immediate cause of death

DURATION

Myxosarcoma of Bladder

Due to

Bladder1 year?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Tumor mass involving largelateral - bladderDate of op. 10/24/45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. Cox

M. D. or other

Address

Easton Md.Date signed 2-23-46

RECEIVED

FEB 28 1946

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

## CERTIFICATE OF DEATH

01906

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TallbotCity or town Easton md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 da.

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalsburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John Ischer

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 15, 1864

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

82021

hrs.

min.

9. Birthplace

Switzerland  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

retired

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6-46 1946, at 11 45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 4 1946 to Feb 6 1946  
and that I last saw him alive on Feb 6 1946

Immediate cause of death

Uremic Coma

DURATION

4 days

Due to

Sclerotic Kidneys2

Due to

arterio sclerosis2

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None ✓

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where)?

Means of injury

Injured at work?

23. SIGNATURE

John F. Schneider, M.D.

M. D. or other

Address

Easton mdDate signed 2/6/46

RECEIVED

FEB 13 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

01907

Reg. Dist. No. 247

## 1. PLACE OF DEATH:

County... TalbotCity or town... Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?...

Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... TalbotCity or town... Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No... S. Washington St.  
(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (a) FULL NAME

SOLOMON T. JAMES

## 3. (b) Social Security Number

4. Sex... Male 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Widowed6.(b) Name of husband or wife... Eula Jane Clemency Jones7. Birth date of deceased (mo., day, yr.)... October 13, 1860 6.(c) If alive, give age... years8. AGE: Years... 85 Months... 4 Days... 6 It less than one day... hrs. min.9. Birthplace... Maryland  
(Town, county, and state)10. Usual occupation... Retired11. Industry or business... Farmer12. Name... Joseph James13. Birthplace... Maryland14. Maiden name... Jessie Ann Robinson15. Birthplace... Maryland16. Informant... Mrs. Fred W. NealAddress... Easton, Md.17. Burial Date thereof... Feb. 16, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Spring HillLocation... Easton, Md.18. Funeral director... W. H. Clark, Inc.Address... Easton, Md.19. 2/15 19 46 N.H. Neeris  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... February 14 19 46 at 4:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-6-45 to 2-14-46and that I last saw him alive on 2-12-46 19 46

Immediate cause of death...

Chronic myocarditis

Due to...

Due to...

Other conditions... Prostatic tumor, 2 stage  
6 weeks ago  
(Include pregnancy within 3 months of death)

Major findings of operations...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. S. Cox M.D.Address... Easton Md. Date signed 2-16-46

RECEIVED  
FEB 20 1946  
BUREAU V.K.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

is especially important. Physicians: please write the causes of death clearly and legibly.

# Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1940

FILM No. 100 FEB 21 1946

## CERTIFICATE OF DEATH

01908

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 mos.

Hospital, institution, or street address where death occurred:

Memorial Hospital  
How long in hospital or institution? 11 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Harmony  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ruben Jones

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Earl Jones

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 5 18918. AGE: Years 54 Months 55 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Del.  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farmer12. Name J. B. Jones13. Birthplace Del.14. Maiden name Alice Williamson15. Birthplace Del.16. Informant P. JonesAddress Princeton17. Burial Date thereof Feb 7 1946  
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory CemeteryLocation Hurlock18. Funeral director J. B. WilliamsonAddress Hurlock19. 2/6 19 46 H. H. Heuser  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 19 46 at 3:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 2 19 46 to February 6 19 46and that I last saw him alive on February 5 19 46Immediate cause of death acute Coronal Occlusion

## DURATION

24 hrs.Due to Angina Pectoris1 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John B. Jones M. D. or otherAddress Princeton Date signed 2/6/46

RECEIVED  
FEB 13 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 835

## CERTIFICATE OF DEATH

Reg. Dist. No. 01909 290

## 1. PLACE OF DEATH:

County Talbot CountyCity or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Memorial HospitalHow long in hospital or institution? 3 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Chesterville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Mrs Elva B. Keith

## 3.(b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorcedMarried6.(b) Name of husband or wife J. William Keith6.(c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) May 14, 18868. AGE: Years 59 Months 9 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace 2. A. Co. Md.  
(Town, county, and state)10. Usual occupation N. W.

## 11. Industry or business

12. Name William F. Bishop13. Birthplace Caroline Co. Md.14. Maiden name Florence Harrison15. Birthplace Queen Anne Co. Md.16. Informant J. Wm KeithAddress Chesterville Md.17. Burial Date thereof 2/27/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory ChesterfieldLocation Chesterville Md.18. Funeral director Barton BrosAddress Chesterville Maryland19. 2/27 19 46 N.H. Neer

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25 19 46 at 6 45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 22 46 to Feb. 25 46and that I last saw him alive on Feb. 26 19 46

Immediate cause of death \_\_\_\_\_ DURATION

Cerebral Hemorrhage 3 daDue to Cerebral arteriosclerosisDue to + hyper tension

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE N. H. Neer M. D. or otherAddress Easton Md Date signed 2/27/46

RECEIVED

MAR 4 1946

BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

### 1. PLACE OF DEATH:

County Talbot County  
City or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 da.  
Hospital, institution, or street address where death occurred:  
Memorial Hospital  
How long in hospital or institution? 2 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Preston R.D.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. American Corner  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3.(a) FULL NAME

Thomas J. Lord

### 3.(b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Mrs Estella Lord  
7. Birth date of deceased (mo., day, yr.) September 16, 1886  
6.(c) If alive, give age 58 years  
8. AGE: Years 59 Months 4 Days 28 If less than one day  
hrs. min.

9. Birthplace Dorchester Co. Md  
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name Thomas H. Lord

13. Birthplace Dorchester Co. Md.

14. Maiden name Mary Bell

15. Birthplace Dorchester Co. Md.

16. Informant Mrs. Estella M. Lord

Address Preston Md. R.D.

17. Bereavement Date thereof 21/7/46  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Concord Cemetery

Location Concord Md.

18. Funeral director J. J. Trammell Son.

Address Federal Springs Md.

19. 2/14 19 46 N.D. Meier  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 19 46 at 12 55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12 19 46 to Feb 14 19 46  
and that I last saw him alive on Feb 14 19 46

Immediate cause of death Uremia

Fractured skull - accidentally thrown

Due to Dehydration from truck crash

Due to Head injury - fracture through

frontal sinus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of January 2nd, 1946

Where did injury occur? Bethlehem, Caroline, Maryland  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury thrown from truck Injured at work? yes

23. SIGNATURE M. V. Palmer M. D. or other

Address Easton, Maryland Date signed 2/14/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 22 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

## CERTIFICATE OF DEATH

Dr. Stevens.

01910

Reg. Dist. No. 29.0

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lucille Clark Mitchell

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widow

8. (b) Name of husband or wife \_\_\_\_\_

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Feb. 11 18818. AGE: Years 64 Months 11 Days 27 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Easton, Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Robert Souleby13. Birthplace Easton, Md.14. Maiden name Maria Williams15. Birthplace Dorchester Co. Md.18. Informant D. Carlton MitchellAddress Easton, Md.17. Burial Date thereof Feb. 11, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory GreenwoodLocation Easton Rd.18. Funeral director John P. WilliamsAddress Easton Md.19. 29 9 1946 N.S. Nevins  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7<sup>th</sup> 1946, at 1040 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 1946 to Feb 7 1946 and that I last saw him alive on Feb 7 1946

Immediate cause of death \_\_\_\_\_

Coronary Thrombosis DURATION 9 dDue to Arteriosclerotic Heart Disease 3 yrsDue to Diabetes 6 yrs 6 yrs

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op. \_\_\_\_\_

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P. M. P. Stevens M.D. M. D. or otherAddress Easton Md. Date signed 2-9-46

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED

FEB 13 1946

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

01911

Reg. Dist. No. 392

## 1. PLACE OF DEATH:

County Talbot  
 City or town Oxford  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 38 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Talbot  
 City or town Oxford  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Anne Elizabeth Perego

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow  
 6.(b) Name of husband or wife James Perego  
 7. Birth date of deceased (mo., day, yr.) July 13, 1861 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 84 Months 7 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace England  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace England  
 14. Maiden name Unknown  
 15. Birthplace England

16. Informant William Perego  
 Address Oxford, Md.  
 17. Burial Date thereof Feb 26, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Oxford Cemetery  
 Location Oxford, Maryland  
 18. Funeral director Maurice E. Thompson  
 Address Easton Md.

19. Feb 26, 1946 19 46 Joseph R. Ross Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 19 46 at \_\_\_\_\_ M  
 21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 to Feb 24 19 46  
 and that I last saw him/her alive on Feb 7 19 46  
 Immediate cause of death Acute myocardial infarction  
 Due to Coronary thrombosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

## DURATION

1 month  
24 hrs

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of Injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Joseph R. Ross M. D. or other \_\_\_\_\_  
 Address Essex Md Date signed 2/26/46



RECEIVED  
MAR 1 1946  
BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 012191

## 1. PLACE OF DEATH:

County Talbot  
 City or town St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Talbot  
 City or town Clairborne  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Theresa Plummer  
 4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Charles H. Plummer

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Jan 28 1882

8. AGE: Years 64 Months 0 Days 24  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Ireland  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

FATHER 12. Name Bertley Mc. Nulty  
 13. Birthplace Ireland

MOTHER 14. Maiden name Honora Connolly  
 15. Birthplace Ireland

16. Informant Mrs. Eleanor Daffin  
 Address St. Michaels, Md

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Feb 23 1946  
 (month) (day) (year)  
 Cemetery or crematory Christ Cemetery  
 Location St. Michaels, Md

18. Funeral director Newnam & Harrison  
 Address St. Michaels, Md.

19. Feb 23 1946 John H. W. Laker  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

Feb. 21, 1946

20. DATE OF DEATH \_\_\_\_\_ 19\_\_\_\_ at 2:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Feb. 21, 1946 to Feb. 21, 1946

and that I last saw him alive on 1 mo. ago

Immediate cause of death \_\_\_\_\_

DURATION  
5 min

Acute coronary disease  
Probably chr. Rheumatoid  
Arthritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE \_\_\_\_\_ M. D. or other

St. Michaels, Md  
 Address \_\_\_\_\_ Date signed 2-23-46

CERTIFICATE OF DEATH

RECEIVED

MAR 2 1945

BUREAU V. N.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01913 281

### 1. PLACE OF DEATH:

County Talbot  
City or town Royal Oak  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Talbot  
City or town St. Michaels  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Rowena May Seymour

### 3. (b) Social Security Number

none

4. Sex Female 5. Color of race white 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Daniel L. Seymour

7. Birth date of deceased (mo., day, yr.) July 22, 1872

8. AGE: Years 73 Months 7 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace St. Michaels, Talbot, Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER 12. Name John P. Jackson

13. Birthplace St. Michaels, Md.

MOTHER 14. Maiden name Martha Stoker

15. Birthplace St. Michaels, Md.

16. Informant Mrs. Rowena Kilmon

Address Royal Oak, Md.

17. Burial Burial Date thereof March 2, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location St. Michaels, Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Inch # 19 46 John H. Havelle  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 27 February 19 46 at 11 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 February 19 46 to 27 February 19 46 and that I last saw him alive on 27 February 19 46

Immediate cause of death Influenza followed by broncho pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 2 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. Perkins

M. D. or other 6

Address Royal Oak, Md. Date signed 3/1/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1945

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County BaltimoreCity or town Easton P.O. No. 3  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: noHow long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BaltimoreCity or town near Easton P.O. No. 3  
(If outside city or town limits, write RURAL and give nearest town)Street No. no  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

4. Sex female5. Color or race Col.6.(a) Single, married, widowed, or divorced Divorced8.(b) Name of husband or wife no7. Birth date of deceased (mo., day, yr.) 18638. AGE: Years 82 Months 0 Days 0 If less than one day hrs. 0 min. 09. Birthplace Baltimore, Md.  
(Town, county, and state)10. Usual occupation Housekeeping11. Industry or business Same as above12. Name Gustavus Smith13. Birthplace Easton Md14. Maiden name Rachel Pelghman15. Birthplace Easton Md16. Informant Rachel A. LeeAddress Easton P.O. No. 317. Burial Date thereof Feb 16 - 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory John WesleyLocation Near Easton, Md18. Funeral director James H. StewardAddress Baltimore Md19. 2/15 19 46 J. H. Neume  
(Date rec'd by registrant) Registrar

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11th 19 46 at 5 PM M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3rd 19 46 to Feb. 11th 19 46and that I last saw him ex alive on Feb. 9th 19 46Immediate cause of death Cerebral thrombosis DURATION 8 dayswith HemiplegiaDue to Arterio Sclerosis & Hypertension 10 yrs.Due to noOther conditions no

(Include pregnancy within 3 months of death)

Major findings of operations no Date of op. noAutopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of noWhere did injury occur? no (City or town) (County) (State)Injured at home, farm, industry, public place (where?) noMeans of injury no Injured at work? no23. SIGNATURE William S. Seymour M. D. or otherAddress Easton Md Date signed 2/16/46

RECEIVED  
FEB 22 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles St., Baltimore 131-a

# CERTIFICATE OF DEATH

01915

★ Reg. Dist. No. 291

1. PLACE OF DEATH: Talbot				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Talbot				State Maryland County Talbot			
City or town St. Michaels (If outside city or town limits, write RURAL and give nearest town)				City or town St. Michaels (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 6.2 yrs				Street No. (If rural, give LOCATION)			
Hospital, institution, or street address where death occurred:				2.(a) If veteran, name war			
How long in hospital or institution?				3. (b) Social Security Number			
3. (a) FULL NAME Mary E. Smith				None			
4. Sex Female		5. Color or race White		6. (a) Single, married, widowed, or divorced Widow			
6. (b) Name of husband or wife Perry P. Smith				MEDICAL CERTIFICATION			
7. Birth date of deceased (mo., day, yr.) Aug. 25, 1857				20. DATE OF DEATH February 14, 1946 9:00 a.m.			
8. AGE: Years 88		Months 88		Days 5		If less than one day 23 hrs. min.	
9. Birthplace Talbot County Maryland (Town, county, and state)				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 9, 1946 to Feb. 14, 1946 and that I last saw her alive on Feb. 14, 1946			
10. Usual occupation Housewife				Immediate cause of death Acute Uremia			
11. Industry or business				Due to Arteriosclerotic Nephritis			
12. Name John Price		13. Birthplace Talbot County		Due to			
14. Maiden name Do Not Know		15. Birthplace		Other conditions Hypertension, Generalized arteriosclerosis, Total blindness (Include pregnancy within 3 months of death)			
16. Informant Mrs. Walter Messick Address St. Michaels, Md.				Major findings of operations None			
17. Burial Date thereof 2 16 46 (Burial, cremation, or removal. Which (month) (day) (year)) Cemetery or crematory Canton Cemetery Location Easton, Md.				Date of op. None			
18. Funeral director J. Norman Marshall Address St. Michaels, Md.				Autopsy results None			
19. Feb 16 26 John H. Marshall (Date rec'd by registrar) Registrar				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
20. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. X Date of X Where did injury occur? X (City or town) (County) (State) Injured at home, farm, industry, public place (where?) X Means of injury X Injured at work? X 21. SIGNATURE J. B. Stewart M. D. or other Address St. Michaels, Md. Date signed 2.15.46							

RECEIVED  
FEB 21 1946  
BUREAU V R



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-2

## CERTIFICATE OF DEATH

01916

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County JALBOT

City or town TRAPPE (rural)  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 YRS.

Hospital, institution, or street address where death occurred:  
No

How long in hospital or institution? No

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County JALBOT

City or town TRAPPE (rural)  
(If outside city or town limits, write RURAL and give nearest town)Street No. R 7 A.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

REBECCA LOUISE STIMUS.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE WHITE WIDOW

6. (b) Name of husband or wife HENRY H. STIMUS

Deceased

7. Birth date of deceased (mo., day, yr.) JAN. 20, 1864

6. (c) If alive, give age years

8. AGE: Years 82 Months 15 Days If less than one day  
hrs. min.9. Birthplace NEW YORK CITY, N. Y.  
(Town, county, and state)

10. Usual occupation HOUSE WIFE

## 11. Industry or business

12. Name WILLIAM H. DOUGHERTY

13. Birthplace NEW YORK CITY

14. Maiden name MARY ANN HOWES

15. Birthplace WALES ENGLAND

16. Informant FREDERICK H. STIMUS

Address TRAPPE Md. RT

17. Burial Date thereof 2-8-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CEMETERY

Location EAST NEW MARKET, Md

18. Funeral director Mauris E. Newman

Address Easton

19. Date rec'd by registrar 2-7-46 Registrar J. J. Jones

## MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 4 1946 at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 10 1946 to FEB 4 1946  
and that I last saw h. ER alive on FEB. 3 1946Immediate cause of death MYOCARDIAL  
FAILURE

## DURATION

2 WEEKS

Due to Aplastic Anemia

Due to SENILITY

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. Jones

Address Cambridge Md Date signed 2/7/46

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

FEB 9 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
of deceased is shown on

2411 N. Charles St., Baltimore 2413

01917

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

FILM No. 100 FEB 21 1946

## 1. PLACE OF DEATH:

County Talbot  
City or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 24 days  
Hospital, institution, or street address where death occurred: Memorial Hospital  
How long in hospital or institution? 24 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Pennsylvania County Philadelphia  
City or town Philadelphia  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.                       
(If rural, give LOCATION)  
2(a) If veteran, name war                     

## 3. (a) FULL NAME

Anne Rice Veasey

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married (Sep.)  
8. (b) Name of husband or wife Kenneth Veasey  
8. (c) If alive, give age                      years  
7. Birth date of deceased (mo., day, yr.) June 18, 1914

8. AGE: Years 31 Months 3-2 Days                      If less than one day                      hrs.                      min.

9. Birthplace Caroline County, Denton  
(Town, county, and state)

10. Usual occupation Waitress

## 11. Industry or business

12. Name Clarence Rice

13. Birthplace Caroline County

14. Maiden name Daisy Meredith

15. Birthplace Caroline County

16. Informant Mrs. Claudel Wright

Address Federalburg, Md.

17. Burial Date thereof Feb 5 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Concord

Location Concord, Md.

18. Funeral director J. Virgil Moore & Son

Address Danville, Maryland

19. 2/3 19 46 N. St. Dennis  
(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 19 46 at 11:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 19 46, to February 2 19 46, and that I last saw                      alive on February 2 19 46.

Immediate cause of death Empyema, liver DURATION 5 mos

Due to Alcoholism (?)

Due to                     

Other conditions Pharynx with abscess - 2 mos

(Include pregnancy within 8 months of death)

Major findings of operations Parotid gland

Autopsy results                      Date of op. 1/10/46

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide                      Date of                     

Where did injury occur?                      (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)                     

Means of injury                      Injured at work?                     

23. SIGNATURE W. J. Noble M. D. or other                     

Address Easton, Md. Date signed 2/16/46

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FEB 13 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 110-2

## CERTIFICATE OF DEATH

01918

Reg. Dist. No. 291

## 1. PLACE OF DEATH:

County Royal Oak  
 City or town Royal Oak  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred: no  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Harford  
 City or town Royal Oak  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. no  
 (If rural, give LOCATION) no  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

4. Sex Female 5. Color or race Ag. - Married  
 6. (a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife John H. Wallate  
 6.(c) If alive, give age Don't know years  
 7. Birth date of deceased (mo., day, yr.) about 1880

8. AGE: Years 66 Months about Days about If less than one day about hrs. about min. about

9. Birthplace Harford Co.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Domestic alone

12. Name Frank Thomas

13. Birthplace Royal Oak

14. Maiden name Josephine Thomas

15. Birthplace Royal Oak and

16. Informant Mr. George Wallate

Address Royal Oak Md.

17. Burial Date thereof Feb. 13 - 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Williams

Location Royal Oak

18. Funeral director James Stewart

Address Salesbury Md.

19. Feb. 11 19 46 John H. W. Wallate  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9, 1946 19 at 2.00 a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10, 1945 to Feb. 9, 1946  
 and that I last saw him/her alive on Feb. 8, 1946

Immediate cause of death Pleurisy complicated by  
Empyema

## DURATION

4 mos

Due to Asthma

Due to Asthma

Other conditions Asthma

(Include pregnancy within 3 months of death)

Major findings of operations None  
 Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE J. H. Wallate

Address St. Michaels, Md.

Date signed 2.11.46

RECEIVED

FEB 12 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

FILM No. 101 APR - 9 1946

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Harford

City or town Cordova, Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova, Md  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Outside  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

HESTER WILSON

### 3. (b) Social Security Number

4. Sex

female

5. Color or race

C

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

JUNE 20, 1880

8. AGE:

Years 65

Months 66

Days 8

Days

If less than one day

hrs.

min.

9. Birthplace

Talbot County, Md  
(Town, county, and state)

10. Usual occupation

house wife

11. Industry or business

FATHER

12. Name

Charles Chase

13. Birthplace

Talbot County Md

MOTHER

14. Maiden name

unknown

15. Birthplace

16. Informant

Carrie Wilson

Address

Cordova, Md

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Feb. 3, 1946  
(month) (day) (year)

Cemetery or crematory

Newtown Cemetery

Location

Cordova Talbot, Md

18. Funeral director

Carl W. Stafford

Address

Easton, Md

19.

2/2  
(Date rec'd by registrar)

19

46

N.H. Morris  
Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH

Feb. 1 1946 at 7:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 20 1946 to Feb. 1 1946  
and that I last saw him alive on Feb. 1 1946

Immediate cause of death

Carcinoma of the  
Colon

DURATION

1 year  
more

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hayward T. Webb M.D.  
M. D. or other

Address

Easton, Md

Date signed

2/4/46



RECEIVED

FEB 13 1946

BUREAU